POST-TENURE REPORT FORM
See the text of the Annual and Post-Tenure Review Policy for Faculty for information on the use of this form.

I. INFORMATION ON THE FACULTY MEMBER UNDER REVIEW

Name ______________________ Date ________________

Department _________________ Review Period ____________

II. TO BE COMPLETED BY THE DEPARTMENT HEAD/CHAIR*

A. Head’s/Chair’s Summary Evaluation (please circle one response below)

Head’s/Chair’s Overall Rating

Excellent   Good   Unsatisfactory

B. Head’s/Chair’s Written Evaluation

III. TO BE COMPLETED BY FACULTY MEMBERS CHARGED WITH POST-TENURE REVIEW

A. Summary Peer Evaluation (please circle one response below)

Peers’ Overall Rating

Excellent   Good   Unsatisfactory

B. Peers’ Written Evaluation

IV. TO BE COMPLETED BY DEAN

A. Dean’s Summary Evaluation (please circle one response below)

* For the purposes of this form, academic program directors are considered equivalent to department heads/chairs.
Dean’s Overall Rating

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

B. Dean’s Written Evaluation

V. NAMES and SIGNATURES OF EVALUATORS

Department Head/Chair

Faculty Members Charged with Peer Review

Dean

VI. FACULTY MEMBER’S RESPONSE TO THE REVIEW (optional)